

Instructions for Completing the Personal Financial Statement

1. The value of the primary residence of a person required to complete this financial statement is exempt. Therefore do not include the value of the primary residence either as an asset or a liability. However, equity/debt in any other property—for instance vacation, rental, time-share, commercial, land holdings, etc.—must be declared in the appropriate categories, and it must be documented by the owner's personal federal tax return.

2. Any equity/debt in the particular business applying for DBE Certification is also exempt from declaration. **However, equity/debt held in any other business by the person required to complete this financial statement must be declared in the appropriate categories, and it must be documented by the owner's personal federal return as well as the respective business federal return for each business entity declared.**

****Please Note that all copies of tax returns must be signed and dated by an authorized individual before submittal.

3. The Personal Financial Statement must notarized by someone other than a family member or an employee of the individual who completes the form. The Statement must not be more than 90 days old.

4. Where appropriate, be sure to describe the items in the corresponding **Sections**.

Personal Financial Statement
As of _____, 200__

Complete this form for: (1) each business owner, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more voting stock.

Name	Business Phone
Residence Address	
City, State & Zip	Residence Phone
DBE Firm Name	

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash on Hand & In Banks	\$	Accounts Payable	\$
Savings Accounts, Money Markets & CDs	\$	Notes Payable to Banks & Others (Describe in Section 5)	\$
IRA or Other Retirement Account	\$	Installment Accounts (Auto) Monthly Payments \$	\$
Accounts & Notes Receivable	\$	Installment Accounts (Other) Monthly Payments \$	\$
Life Insurance-Cash Surrender Value Only (Describe in Section 4)	\$	Loans on Life Insurance	\$
Stocks & Bonds (Describe in Section 2)	\$	Mortgages on Real Estate	\$
Real Estate (Describe in Section 3)**	\$	Unpaid Taxes (Describe in Section 5)	\$
Automobile-Present Value	\$	Other Liabilities (Describe in Section 5)	\$
Other Personal Property (Describe in Section 1, Jewelry, Paintings, Furniture, etc.)	\$		
Other Assets & Business Interest (Describe in Section 1) *	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		Net Worth = Total Assets minus Total Liabilities	\$
		Total Liabilities plus Net Worth	\$

** Information on your primary residence is exempt. Please do not include on this form.

* Information on your DBE certified business is exempt. Please do not include on this form.

Source of Income		Contingent Liabilities	
Salary/Draw	\$	As Endorser/Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe in Section 1)	\$	Other Special Debt	\$

Section 1-Other Personal Property, Assets, & Sources of Income (Alimony or child support payments need not be disclosed.)

Section 2-Stocks & Bonds (Use attachments if necessary) Each statement must be identified as a part of this statement and signed.

Number of Shares	Description	Maturity Date	Amount

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Section 3-Real Estate *(Use attachments if necessary) Each statement must be identified as a part of this statement and signed.*

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Current Market Value			
Mortgage Balance			
Status of Mortgage			
Name & Address of Mortgage Holder			
Amt. of Payment per Month/Year			

Section 4-Life Insurance Held *(Give face value & cash surrender value of policies-name insurance company & beneficiaries).*

Section 5-Other Liabilities, Unpaid Taxes, Notes Payable & Others *(Describe in detail.)*

AFFIDAVIT

This information is provided for specific use by the Virginia Department of Transportation and is deemed proprietary information and exempt under the State of Virginia and Federal codes governing disclosure and Freedom of Information inquiry. The information is further to be held in strict confidence and shared only with personnel requiring access to the data in the performance of their duties. I certify that this information is an accurate reporting of my network and affix my signature subject to the penalties and laws of perjury.

State of _____ City/County _____

Name (Printed)

Date

Signature

Sworn before me this _____ day of _____,

(Seal)

Notary Public

My Commission expires _____